

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							1 51	
2							1 52	
3							1 53	
4							1 54	
5							1 55	
6							1 56	
7							1 57	
8							1 58	
9							1 59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							2 69	
20							2 70	
21							2 71	
22							2 72	
23							2 73	
24							2 74	
25							2 75	
26							2 76	
27							2 77	
28							2 78	
29							2 79	
30							2 80	
31							2 81	
32							2 82	
33							2 83	
34							2 84	
35							2 85	
36							2 86	
37							2 87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							3 00	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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